

From Burnout to Balance: Strategies to Foster Resilience in Nursing

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ABSTRACT

Burnout syndrome, characterized by emotional exhaustion, depersonalization, and reduced professional efficacy, is a pervasive issue among nurses in the United States. Novice nurses are particularly vulnerable to burnout during their initial years of

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practice, with many considering leaving the profession. Factors contributing to burnout include workplace incivility, poor communication with colleagues, and a lack of support during role transitions. Preceptorship and nurse residency programs have shown potential in mitigating burnout and improving retention rates. Preceptors play a crucial role in integrating nurses into clinical environments; however, they often lack sufficient training and support. Nurse residency programs, lasting 6-12 months, combine didactic and clinical learning experiences to facilitate successful transitions into professional roles. These programs have been associated with decreased turnover, enhanced competencies, and improved job satisfaction. Recognizing signs of burnout, both in clinical settings and personal life, is essential for timely intervention. Individual strategies for managing burnout include self-care, mindfulness, and developing resilience. Organizational interventions, such as incorporating mindfulness into resilience training and fostering supportive leadership, can further reduce burnout and increase retention. Future research should explore the concept of compassion satisfaction, its predictors, and its potential to counteract burnout. Standardizing and evaluating nurse residency programs, as well as investigating the impact of role-play on interprofessional communication skills, are additional areas warranting further study.

Keywords: NURSES, Burnout Nursing Resilience, Burnout Prevention, Mental Health in Nursing, Work-Life Balance, Stress Management, Nursing Wellbeing

Introduction

Burnout syndrome, as conceptualized by Maslach and colleagues, is a state of chronic stress distinguished by significant emotional exhaustion, heightened depersonalization, and diminished professional efficacy. Burnout is characterized across three dimensions: (a) exhaustion or depletion of energy; (b) increased psychological detachment from one's occupation; and (c) reduced professional competence (Maslach et al., 2001). Burnout levels among healthcare professionals in the United States, particularly nurses, are troubling, with over one-third reporting symptoms (Reith, 2018). Consequences of burnout in nursing include job dissatisfaction, moral distress, and increased turnover rates (Rushton et al., 2015). Despite the recognized variations in individual experiences based on nurses' levels of professional experience, research on how these experiences interact with organizational environments and burnout is limited.

The well-being of nurses, both physical and mental, is integral to maintaining a resilient nursing workforce. Empowering workplace environments have demonstrated positive impacts on nurses' mental health. To achieve a seamless transition and sustained professional fulfillment, both formal and informal support strategies at individual and organizational levels are essential. Although healthcare organizations often collaborate with nursing colleges to create a recruitment pipeline for new graduate nurses, retaining these professionals in the long term remains a challenge. Supporting the well-being of novice nurses is crucial not only for overall retention but also for enhancing patient satisfaction and outcomes. Negative experiences such as a lack of respect, excessive workloads, and lateral bullying are common factors cited by nurses leaving their roles. Combined with poor

communication with healthcare colleagues, including physicians, these factors frequently lead nurses to question their career choices (Phillips et al., 2017).

A collaborative study conducted at Indiana University Health Ball Memorial Hospital involving a nurse scientist, a nursing associate professor, a clinical nurse specialist, a direct care nurse, a nurse educator, and a chief nursing officer revealed that nurses reported low job satisfaction due to excessive workloads, often feeling unable to prioritize patient safety. Dissatisfaction regarding schedules, peer relationships, professional autonomy, and limited patient interaction time was most pronounced between 4–6 months of practice and resurfaced near the end of the second year. This research highlights the need for further exploration of academic-clinical practice partnerships, increased collaboration between nursing faculty and healthcare leaders, and the potential significance of nurse residency programs for new graduate nurses. Organizational strategies that promote role transition, bolster self-confidence, and empower nurses are vital for mitigating burnout and improving retention rates. To foster nurse well-being and ensure professional quality of life, healthcare organizations must examine the prevalence, predictors, barriers, and enablers of nurse retention and satisfaction (Ray-Sannerud et al., 2015).

Nature of the Problem: Burnout

Nurses, numbering over 6 million as of 2019, form the largest group of professionals in the healthcare workforce, accounting for nearly 30% of hospital employees in the United States. The initial 1–2 years of practice are commonly described by nurses as particularly stressful and challenging. During these years, high levels of stress, anxiety, and burnout are prevalent, and many nurses consider leaving the profession within 2–5 years of practice (Laschinger & Grau, 2012; Parker et al., 2014). Burnout rates appear to be higher among younger nurses under the age of 40. In 2020, the median age of registered nurses was 52, up from 51 in 2017, with those aged 65 and older comprising 19% of the workforce, an increase from 14.6% in 2017 and 4.4% in 2013 (Smiley et al., 2021). This aging workforce underscores the urgency of recruiting and retaining younger and novice nurses.

Among the frequently cited reasons for nurses' intentions to leave their positions are feelings of incompetence, lateral nurse-to-nurse violence, and strained interdisciplinary relationships with other healthcare professionals such as physicians. Workplace incivility is increasingly recognized as a pervasive issue in nursing, with nearly 30% of nurses experiencing bullying within their first six months of practice. Such incivility, along with burnout, negatively affects the mental and overall health of new graduate nurses. Entry into the workforce or transition to a new specialty often leaves nurses lacking confidence and fearful of errors, compounded by incivility in the workplace, resulting in feelings of being overwhelmed and compromised patient care quality (Wing et al., 2015).

Evidence supports the effectiveness of training interventions, including preceptorships and clinical supervision, in fostering nurse retention. Preceptors, who are experienced registered nurses, significantly influence the integration experiences of nurses during orientation periods, whether in their initial practice or a new specialty. However, research indicates that preceptors often feel unprepared for this role (Edward et al., 2017). Burnout can also hinder the relationship between preceptors and their

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trainees, potentially leading to the transmission of negative attitudes. While much research on nurse burnout has focused on individual experiences, less attention has been given to the dynamics of relationships and transition-related interventions. Programs that promote integration, such as nurse residencies and structured preceptorships, have demonstrated potential for improving retention rates, with some studies reporting first-year retention rates of up to 90% for participants. Transition programs for new graduate nurses can help mitigate the challenges of shifting from student roles to practicing professionals with full responsibilities (Rush et al., 2013). Innovative strategies for recruitment, onboarding, and burnout prevention for all nursing staff are critical for addressing these challenges.

Strategies to Reduce Nurse Burnout

The Importance of Preceptors: From Novice to Expert and Back

Preceptorship serves as a foundational strategy employed by healthcare organizations to integrate nurses into the clinical environment, assisting them in transitioning from academic training to actual patient care. While the preceptor-preceptee dynamic is commonly associated with new graduate nurses, this relationship also facilitates transitions for nurses moving to new clinical specialties or areas. Nurse preceptors are expected to demonstrate clinical competence, professionalism, and objectivity in providing feedback while embodying the nursing role. However, preceptors frequently undertake these responsibilities without sufficient training. The role of preceptorship demands additional time, effort, and balancing the dual responsibilities of patient care and preceptee instruction. Preceptors often report challenges such as time constraints and demanding workloads, which can impede effective teaching and skill acquisition for both parties involved. These limitations also hinder relationship development, as preceptors may struggle to dedicate adequate time to their preceptees (Staples & Sangster-Gormley, 2018).

Research suggests that many nurse preceptors perceive a lack of support from organizational leadership, which exacerbates feelings of vulnerability in their roles (29). To effectively educate and guide nurses, preceptors require thorough, evidence-based preparation. Training should address critical aspects such as time management, the application of adult learning principles to foster critical thinking, and the delivery of constructive feedback in a professional manner (Bohnarczyk & Cadmus, 2020). When organizations fail to adequately support preceptors or account for their time demands, preceptees may be perceived as burdensome, leading to weakened professional relationships. This can erode the alliances that are critical to nurse satisfaction and professional fulfillment.

Clinical teaching behaviors, encompassing both verbal and nonverbal communication that facilitate learning outcomes, are pivotal in the preceptor-preceptee relationship. Such behaviors include expressing concern and offering support to colleagues. While limited research exists on the impact of preceptor training on these behaviors, role-playing exercises have shown promise in positively influencing teaching methods (Rønning & Bjørkly, 2019). Employing role-playing to simulate

“difficult conversations” and patient care scenarios could reduce stress in interdisciplinary interactions, a significant contributor to burnout.

Nurse satisfaction and intent to remain in their positions following onboarding are positively influenced by individualized support and equitable workload distribution (Aparício & Nicholson, 2020). Preceptors benefit from organizational measures such as reduced clinical duties, fewer assigned preceptees, and increased time for interaction with their preceptees. Recognition of preceptors' clinical expertise and mentorship skills is essential for sustaining their commitment to the role (38). While acute care settings offer significant opportunities for onboarding and mentoring, extending structured preceptorship opportunities to outpatient nurses is vital to engaging those outside hospital environments. Further research is necessary to clarify and refine the role of preceptorship in nursing practice (Irwin et al., 2018).

Nurse Residencies: Reducing Burnout Begins at the Start

The American Academy of Nursing (AAN) advocates for residency programs as a requisite for all new graduate nurses (Goode et al., 2018). Structured programs designed to transition nurses into professional practice can enhance safety practices, increase job satisfaction, and decrease turnover. Evidence underscores the necessity of nurse residencies to facilitate successful integration, promote satisfaction, and ensure retention.

The optimal duration of a residency program may vary; however, programs lasting between 27 and 52 weeks that combine formal instruction with preceptorship have shown effectiveness in reducing burnout. Networking within organizations, involving both leadership and staff experienced in implementing accredited, evidence-based programs, can help standardize residency practices in line with AAN recommendations. Structured transition programs that emphasize patient-centered care, quality improvement, evidence-based practice, communication, teamwork, informatics, safety, clinical reasoning, constructive feedback, reflective practices, and specialized knowledge have been identified as particularly supportive.

The Commission on Collegiate Nursing Education (CCNE) outlines nurse residencies as comprehensive didactic and clinical learning experiences conducted over 12 months to help new graduates transition into their professional roles. These programs are typically collaborations between academic nursing institutions and healthcare organizations. Similarly, the American Nurse Credentialing Center (ANCC) defines residencies as evidence-based programs of at least six months' duration designed for registered nurses with less than 12 months of experience to build knowledge, clinical skills, and professional competencies. Participants in year-long residencies report significant improvements in prioritization skills and comfort in communicating with patients and colleagues.

Key elements of transition programs include clinical coaching by preceptors, simulation exercises, and committee participation. These programs aim to equip nurses with relevant clinical skills while prioritizing safety and addressing workplace challenges such as incivility, teamwork issues, and role definition (Clark & Springer, 2012). Residency programs have been shown to decrease turnover and burnout while enhancing nurse competencies, job satisfaction, self-confidence, and team cohesion.

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Additionally, organizations implementing these programs often experience financial benefits through improved retention rates (Ackerson & Stiles, 2018).

The Magnet Recognition Program has been identified as a model for supporting professional nurses, improving workplace conditions, reducing attrition, and enhancing patient satisfaction. To standardize residency programs, the ANCC's Practice Transition Accreditation Program (PTAP) has been integrated into more than 100 U.S. transition-to-practice initiatives and included as evidence in the 2019 Magnet Recognition Program Manual. The ANCC PTAP framework recommends best practices such as quality improvement data analysis, off-shift nurse educators, evidence-based practices, and standardized preceptor training. While the accreditation process continues to evolve, it requires engagement from organizational leaders, nurse managers, and frontline nurses to ensure evidence-based consistency.

Journal clubs can complement residency programs or unit-based meetings, fostering social and professional interaction among colleagues. Beck et al. proposed that lifelong learning and reflective discussions can build trust and reinforce evidence-based practices (Beck et al., 2020). Such collaborative discussions can help nurses narrate clinical experiences, develop professional identities within interdisciplinary teams, and mitigate burnout during prolonged stress periods.

Critical thinking and clinical reasoning can also be cultivated through case studies and reflection exercises. Nurses lacking adequate training in clinical reasoning are less likely to detect subtle signs of patient deterioration, posing significant safety risks. Simulations integrated into transition programs can enhance critical thinking, build confidence, and address burnout, particularly among early-career nurses.

Although transition programs reduce burnout and turnover, further evaluation is necessary to identify standardized strategies for successful professional integration and identity formation. The key lies in providing concentrated clinical experiences that align with professional expectations.

Clinical Relevance of Burnout

“Do I have it or am I just having a bad day?”

It is essential for nurses to recognize the signs and symptoms of burnout, as well as potential workplace behaviors that may indicate its presence. Common behaviors observed in clinical settings include, but are not limited to, a reduced tolerance for patient care tasks, increased medication and treatment errors, irritability with colleagues, leaving the unit without notifying peers or supervisors, providing minimal or insufficient details in interactions with patients, peers, or superiors, and a lack of support for organizational initiatives or policies (Brown & Quick, 2013).

Signs and symptoms of burnout may also manifest in personal life and could include sleep disturbances (insomnia or hypersomnia), weight changes (loss or gain), increased irritability with family, argumentative behavior, reduced libido, heightened self-doubt, diminished self-discipline, easy provocation to tears, and self-destructive

tendencies. Recognizing these indicators is a critical step toward identifying and addressing burnout effectively.

What Can I Do If I Feel “Burnt-Out”?

Sustained daily self-care and a shift from an other-directed to a self-directed focus are pivotal strategies for managing burnout. Simple preventative and relief mechanisms include prioritizing adequate rest, maintaining a balanced diet, dedicating uninterrupted time for oneself, and discussing distress with nurse leaders or managers to negotiate improved working conditions such as adjusted hours or personal time off. Additionally, participating in shared governance or unit-based meetings can provide a platform for addressing workplace concerns. Incorporating mindfulness activities such as yoga, meditation, or guided imagery, maintaining a consistent exercise routine, balancing work with enjoyable personal activities, setting personal goals, pursuing continuing education, and taking scheduled breaks while refraining from work-related discussions during these times are all beneficial strategies.

Developing Resilience

Resilience is characterized as the ability to recover or return to a baseline state following periods of stress or adversity. Protective factors that foster resilience include:

- **Positive emotions:** Viewing situations constructively, learning from disappointments, avoiding gossip, and supporting others.
- **Hopefulness:** Maintaining a belief in the possibility of improvement.
- **Optimism:** Focusing on the positive aspects of circumstances.
- **Perseverance:** Persisting toward goals despite adversity.
- **Self-awareness:** Acknowledging strengths and limitations, prioritizing personal values during stressful times, and recognizing one's worth.
- **Adaptability:** Being cooperative, tolerant, and open to change when required.
- **Social support:** Strengthening bonds with supportive family and friends, distancing from negative influences, and seeking joy in meaningful relationships.

Keeping a personal reflective journal may also aid in processing stressors and concerns. While primarily for personal use, such journals can be shared with trusted individuals if desired, providing an opportunity for self-reflection and external support.

A Word About Gratitude

Gratitude has been likened to a vaccine, an antitoxin, and an antiseptic, as described by John Henry Jowett. Gratitude can inspire positive changes in individuals' lives and their surroundings, promoting psychological and physical well-being and even influencing biomarkers related to cardiovascular disease risks.

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Gratitude fosters several beneficial qualities:

- **Connectedness:** Building a robust support network that enables individuals to face challenges confidently.
- **Elevation:** Inspiring healthier behaviors and increased productivity.
- **Humility:** Recognizing the contributions of others to personal successes.
- **Generosity:** Encouraging individuals to "pay forward" the kindness and support they have received.

Practicing gratitude can help individuals cope with stress and uncertainty by focusing on valued aspects of life, fostering mindfulness, and redirecting attention toward positive, controllable elements and opportunities for giving back (Fishman, 2020). For nurses, reflecting on the honor of participating in the healing profession and finding moments of gratitude during caregiving can offer meaningful respite.

What Can Organizations Do?

Mindfulness, defined as “the practice of learning to focus attention and awareness on moment-by-moment experience with curiosity, openness, and acceptance,” has proven beneficial when incorporated into resilience training by organizations. Such initiatives can increase nurse retention and decrease turnover, particularly when combined with supportive leadership behaviors. These efforts have also shown potential to reduce medication errors and safety incidents (Magtibay et al., 2017).

Leadership, whether formal or informal, is multifaceted and essential in fostering an empowering environment. Leaders can support nurses by:

- Encouraging participation in decision-making processes.
- Providing opportunities for staff to express opinions about their work.
- Building confidence by affirming nurses' capabilities.
- Recognizing and rewarding achievements.
- Sharing resources and opportunities openly.

Additionally, leaders must cultivate a culture of ethical practice, offering education and mentorship to enhance relational skills such as introspection, empathy, communication, and mindfulness. Professional communication should be encouraged, and ethical nursing practices should be rewarded. Strategies such as ethics "huddles" can be employed to address challenging ethical issues, while organizational support should guide nurses in applying evidence-based principles. Leadership should inspire nurses to confidently initiate discussions with physicians or other healthcare colleagues as needed.

Future Directions

Compassion Satisfaction: Accentuate the Positive

Compassion satisfaction refers to the gratification derived from professional work and positive interactions within professional relationships. It encompasses the sense of contributing to the greater good by caring for individuals in need and the fulfillment arising from this work. This concept offers a constructive approach to preventing burnout and has been linked to the quality of nursing care, which in turn is predictive of patient satisfaction. Research suggests that collegial relationships among healthcare providers act as a buffer against the negative effects of workload and clinical demands, resulting in reduced burnout and increased compassion satisfaction (Kase et al., 2019). Furthermore, evidence indicates that self-care strategies are associated with lower burnout levels and higher compassion satisfaction (Zhang et al., 2018).

Despite its significance, there is limited research on the prevalence and predictors of compassion satisfaction among nurses and other healthcare professionals. Notably, pediatric palliative care providers often report high levels of compassion satisfaction, finding their work rewarding despite the inherent challenges of providing comfort-focused care to children. Future research is needed to explore how "connecting to purpose" through nursing care influences compassion, perspective, and burnout.

Summary

Burnout is a genuine and critical issue for the nursing profession, individual nurses, and healthcare organizations. Contributing factors include patient safety concerns, inadequate staffing, workplace bullying, poor communication among colleagues, and incivility. These issues frequently influence nurses' decisions to leave their positions or the profession entirely.

Nurse burnout requires active intervention, as it does not resolve independently. New graduate nurses face heightened risks of early-career burnout; however, all nurses are susceptible, particularly when navigating transitions between novice and expert roles, as demonstrated during the COVID-19 pandemic. Nurses are expected to rapidly apply evolving evidence to their practice, manage persistent stress, and engage in self-renewal during periods of exhaustion. Achieving a balance between professional responsibilities and personal life is vital, allowing nurses opportunities for self-care and family engagement to promote holistic well-being.

Support, training, and professional development for nurses in preceptor roles are essential. Nursing leaders should exemplify positive behaviors and offer recognition, rewards, and reinforcement to both novice and experienced nurses. The invaluable contributions of nurses to patient care and organizational success must be emphasized and integrated into organizational missions. Individual and institutional interventions should focus on enhancing protective factors identified by each nurse, with mindfulness and resilience strategies playing a central role in mitigating burnout and turnover.

Further research is necessary to develop and standardize nurse residency and transition programs. These initiatives, if accredited and systematically evaluated, could reduce burnout and attrition rates. Additionally, incorporating role-play into

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preceptor-preceptee training programs could enhance interprofessional communication skills, particularly in difficult conversations and high-stress scenarios. This safe, simulated learning environment allows nurses to build effective communication strategies, fostering retention and reducing burnout. Investigating the impact of role-playing on early-career nurses and its effect on retention warrants further exploration.

High levels of compassion satisfaction are inversely correlated with burnout. Identifying specific predictors of compassion satisfaction, such as practice specialty and a sense of teamwork, is an important direction for interdisciplinary research. For nurses on the verge of burnout, finding purpose through introspection and connecting to meaningful aspects of their work may reignite motivation and engagement. Research into strategies to achieve these outcomes remains a fertile and necessary area of study.

Conclusion

Nurse burnout is a pressing issue that affects individuals, healthcare organizations, and patient outcomes. It is driven by factors such as excessive workloads, incivility, lack of support, and insufficient professional development opportunities. Addressing burnout requires a multifaceted approach that combines individual resilience-building strategies with organizational changes, including supportive leadership, structured residency programs, and effective preceptor-preceptee dynamics.

Fostering a culture of mindfulness, resilience, and compassion satisfaction is critical to mitigating the negative impacts of burnout. Compassion satisfaction highlights the rewarding aspects of nursing and has been shown to inversely correlate with burnout. By promoting opportunities for nurses to connect with their purpose and reflect on the meaningful contributions of their profession, organizations can empower their workforce and enhance retention rates.

Future research must focus on developing standardized approaches to residency programs, role-playing simulations for communication training, and exploring the predictors of compassion satisfaction. These efforts are essential to creating sustainable solutions that address burnout and support the well-being of the nursing workforce.

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